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Bib Data Sheet

CONFIRMATION NO. 1627

SERIAL NUMBER 09/406,454	FILING DATE 09/27/1999 RULE	CLASS 455	GROUP ART UNIT 2744	ATTORNEY DOCKET NO. 99016401X
APPLICANTS GAWINS A. MACK II, WEST PALM BEACH, FL; R. EUGENIA MACK, WEST PALM BEACH, FL;				
** CONTINUING DATA ***** THIS APPLICATION IS A CIP OF 08/639,838 04/19/1996 PAT 5,991,637				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 10/14/1999				
** SMALL ENTITY **				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <input checked="" type="checkbox"/> Allowance <input checked="" type="checkbox"/> Examiner's Signature <i>[Signature]</i> Initials <i>[Initials]</i>		STATE OR COUNTRY FL	SHEETS DRAWING 11	TOTAL CLAIMS 20
				INDEPENDENT CLAIMS 3
ADDRESS 27689				
TITLE CONVERTIBLE PORTABLE TELEPHONE				
FILING FEE RECEIVED 380	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	

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09/406,454	09/27/99	455	2744	99016401X

APPLICANT

GAWINS A. MACK II, WEST PALM BEACH, FL; R. EUGENIA MACK, WEST PALM BEACH, FL.

****CONTINUING DOMESTIC DATA*******

VERIFIED THIS APPLN IS A CIP OF 08/639,838 04/19/96

****371 (NAT'L STAGE) DATA*******

VERIFIED

****FOREIGN APPLICATIONS*******

VERIFIED

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 10/14/99 ** SMALL ENTITY **

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
Verified and Acknowledged	<u> </u> Examiner's Initials	<u> </u> Initials	FL	11	20	3

ADDRESS

JOHN C SMITH
4800 NORTH FEDERAL HIGHWAY
SUITE A-207
BOCA RATON FL 33431

TITLE

CONVERTIBLE PORTABLE TELEPHONE

FILING FEE RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit _____
\$380		